

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213506740						
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: Metagenics, Inc.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: PARACORP INCORPORATED 12610 LAKE NORMANDY LN FAIRFAX, VA 22030-7251</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: FAIRFAX CITY (FILED IN FAIRFAX COUNTY)</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: DE</p> </div> <div style="width: 35%;"> <p>DUE DATE: 3/31/2013</p> <p>SCC ID NO: F1819137</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">CLASS</th> <th style="text-align: left;">AUTHORIZED</th> </tr> <tr> <td>COMMON</td> <td>4,250</td> </tr> <tr> <td>PREFER</td> <td>100</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	4,250	PREFER	100
CLASS	AUTHORIZED							
COMMON	4,250							
PREFER	100							
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 25 Enterprise Suite 200</p> <p style="margin-left: 40px;">CITY/ST/ZIP: Aliso Viejo, CA 92656</p>								
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: PAUL E KONNEY TITLE: SECRETARY ADDRESS: 25 Enterprise Suite 200 CITY/ST/ZIP/CO: Aliso Viejo, CA 92656 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: PAUL E KONNEY TITLE: SECRETARY ADDRESS: 25 Enterprise Suite 200 CITY/ST/ZIP/CO: Aliso Viejo, CA 92656	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR			
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEFFREY BLAND DIRECTOR 9770 44TH AVE NW SUITE 100 GIG HARBOR, WA 98332	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROGER COLMAN DIRECTOR 7575 FULTON ST, EAST ADA, MI 49355	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEFFREY J KATKE DIRECTOR 6262 Dakota Trail Promontory Park City, UT 84098	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID TUIT DIRECTOR 7575 FULTON ST, EAST ADA, MI 49355	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JIM WEAVER DIRECTOR 7575 FULTON ST, EAST ADA, MI 49355	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD ZAHN DIRECTOR 10040 EAST HAPPY VALLEY ROAD #601 SCOTTSDALE, AZ 85255	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Elizabeth Wyatt DIRECTOR 181 Summit Avenue Summit, NJ 07901	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ JENNIFER PENCE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JENNIFER PENCE, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	2/8/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			